

# UNIT-LINKED APPLICATION FOR TOP-UP CONTRIBUTION

Policy No.

Policyowner \_\_\_\_\_ Insured \_\_\_\_\_

Amount of Top-up \_\_\_\_\_

Fund Name	Indicate amount or percentage
	_____ %
	_____ %
	_____ %
	_____ %
	_____ %

**If submitting this form with an Application Form, DO NOT FILL OUT THE SECTION WITHIN THE BOX** **100**

### Health Statement

Please give details of all "YES" answers to include symptoms of any disease, relevant date/s of treatment or confinement, diagnosis, treatment and results and names and addresses of attending physicians or hospitals.

Questions	Life Insured	
	Yes	No
1. Have you had any illness, disease, injury or any abnormal bodily growth?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you consulted, been treated, operated on or confined in any hospital, clinic or institution?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you applied for any other insurance, change in plan or reinstatement of a policy, which has been declined, postponed or modified, or is currently pending? If yes, give us the name of company.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has there been any change in your occupation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has there been any death or illness among immediate members of your family?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now in good health and free from all diseases, deformities and abnormalities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Current height _____ Current weight _____		
8. If female applicant, are you pregnant? If so, how many months?	<input type="checkbox"/>	<input type="checkbox"/>

### Declarations

I fully understand and agree that this authorization shall be on a continuing basis and shall remain in full force and effect unless cancelled by the undersigned in writing or as determined by Allianz PNB Life Insurance, Inc.

By signing this Agreement/Authorization, I certify that all information contained in this form is accurate and I agree to inform Allianz PNB Life Insurance, Inc., in writing, of any change in the information provided or in my account status

That I hereby expressly authorize Allianz PNB Life Insurance, Inc. to obtain, collect, record, organize, store, update, modify, use, share, transfer, disclose and/or destroy ("Process"), whether manually or via electronic channels, any and all information, including personal and sensitive information, about me, the life to be insured, and/or my Policy/ies, to 1) facilitate, monitor and improve the quality of my Policy/ies and such services availed of by me, through programs including but not limited to offer of related products and services, customer satisfaction surveys, and statistical, actuarial and risk analyses, and 2) to comply with legal or regulatory obligations of Allianz PNB Life Insurance, Inc. under applicable local or foreign laws, rules and regulations relating to matters including but not limited to anti-money laundering, and tax monitoring/review/reporting. I also expressly authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose the said information to any of its intermediaries, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes. I likewise promise to inform Allianz PNB Life Insurance, Inc. of any changes relating to my personal information.

I also understand that Allianz PNB Life Insurance, Inc. shall communicate with me primarily via electronic channels, i.e. email, SMS, and mobile and web applications. Policy contracts, official receipts and other similar documents will also be sent to me in electronic format if available.

- I prefer receiving communications from Allianz PNB Life Insurance, Inc. in paper format. I understand that the notices, disclosures, and similar documents received through mail and other non-electronic channels might be delayed and I will not hold Allianz PNB Life Insurance, Inc. responsible especially if the delay is due to circumstances beyond its control.
- I also expressly authorize Allianz PNB Life Insurance, Inc., to share, transfer and/or disclose my information to any of its subsidiaries, affiliates, and partners for offer for related products and services.

\_\_\_\_\_  
Printed name and signature of Policyowner

\_\_\_\_\_  
Printed name and signature of Insured

\_\_\_\_\_  
Printed name and signature of Irrevocable Beneficiary

\_\_\_\_\_  
Printed name and signature of Irrevocable Beneficiary